

City of Flagstaff
Vehicle Use Authorization
Complete the following information and forward for approvals

Employee Name: _____

Is this employee replacing anyone? ☐ Yes ☐ No If yes, then who? _____

Division: _____ Section: _____

Position: _____ ☐ Exempt ☐ Non-Exempt

Residential Address: _____

Meets Residency Requirements: ☐ Yes ☐ No

The following criteria apply:

☐ Employee Responding to Emergencies

☐ Employee Reporting to Non-City Worksite or Irregular City Worksite

☐ Employee on On-call or Stand-by Status During Off Hours

Type of Vehicle: _____ Unit Number: _____

ACKNOWLEDGEMENT

I understand the City's Vehicle Take Home Policy and agree to follow the Policy at all times. I understand if I use the City owned vehicle to commute to and from work, I am responsible for any applicable payroll taxes and will complete a monthly vehicle log.

Employee's Signature

Date

DIVISION APPROVALS

Recommend ☐ Approval ☐ Denial

Supervisor Signature

Date

Recommend ☐ Approval ☐ Denial

Division Head Signature

Date

Recommend ☐ Approval ☐ Denial

City Manager Signature

Date

FLEET APPROVAL

Type of Vehicle Appropriate: ☐ Yes ☐ No Taxable Vehicle: ☐ Yes ☐ No

Recommend ☐ Approval ☐ Denial

Fleet Manager Signature

Date

Return completed and approved form to Human Resources